

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3822-62-027253
STATE FILE NUMBERDO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED AUG 2 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas CityLength of stay in 1b
5 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VA HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay

c. CITY OR TOWN Kansas City North

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
4500 Vivian RoadReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
JAMES W. MESSICK4. DATE OF DEATH
Month Day Year
July 20 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Feb. 3, 1892 70

9. AGE (last birthday)

IF UNDER 1 YEAR
Months Days
IF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Police Officer10b. KIND OF BUSINESS OR INDUSTRY
Police Dept.11. BIRTHPLACE (City and state or country)
Appleton City, Mo.12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

James Messick

13b. MOTHER'S MAIDEN NAME

Julia French

14. NAME OF HUSBAND OR WIFE

Sue Messick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes; no; or unknown) (If yes, give war or dates of service)
Yes WWI

17. INFORMANT

Address
VA Hospital Official Records18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

INTERVAL BETWEEN
ONSET AND DEATH

DUE TO (b)

Pulmonary infarction

DUE TO (c)

Aortic aneurysm with thrombosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Generalized Atherosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from June 15, 1962 to July 20, 1962 XXXXXXXXXX

Death occurred at 5:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)
Stephen Parks M.D.

22b. ADDRESS

V. A. Hospital, K. C., Mo.

22c. DATE SIGNED

7-20-1962

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial23b. DATE
7-23-6223c. NAME OF CEMETERY OR CREMATORY
Mt. Olivet Cemetery23d. LOCATION (City, town, or county) (State)
Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Mellody-McGilley-Eylar Funeral Home

25. DATE RECD. BY LOCAL REG.

7-23-62

26. REGISTRAR'S SIGNATURE

Ruth N Long

1800 E. Linwood

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR

TYPEWRITER RIBBON.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Hal Thompson

Licensed Embalmer No. 3400

P. O. Address Indep, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.